

# PERMIT & CERTIFICATE REVIEW ROUTER

- ☐ Permit (no fee)
 ☐ Certificate (fees) Applicant pays ☐ Agency pays ☐
- ☐ Superseding Permit (no fee)
 ☐ Superseding Certificate Applicant pays ☐ Agency pays ☐
- ☒ Temporary Authorization (4 months or more - more than 1 time) (fee)
 ☐ Other: \_\_\_\_\_
- ☒ Short-Term Authorization (4 months & under; one time only) (fee)
 WR Doc ID No.: \_\_\_\_\_

File No.: 54-330 25

Author/Date: ERIC H 2/17-2012

QA/QC Review Group (Initial/date): \_\_\_\_\_

Y:\Staff Share point Hartung/BIDTP

Dates drafted/edited (Admin): \_\_\_\_\_

GWIS Mapping Review (review changes BEFORE final)

GWIS initials/date: \_\_\_\_\_

GWIS remarks & edits (if more room is needed use back of page): \_\_\_\_\_

Date Letter sent to Applicant requesting fees (Cert):

(Admin sends letter; applicant has 30 days to respond)

Date fees received & document sent for recording (Cert):

(Admin sends letter/document/& check to State Auditor for recording)

Reviewer/Date

(Initial/Date if Temp/Short Term Auth is ready for POSTING to WEB)

Supervisor/Date MOUSSA DOWMEH 2.24.12

(Initials/Date indicate doc is ready for Mailing or Posting to WEB)

Section Mgr/Date Mel 2/29/12

(Initials/Date indicate doc is ready for Mailing or Posting to WEB)

Date Letter mailed: 2/29/12 SS

(Admin initial & date when doc if finalized & mailed/posted)

Date Temp/Short Term Authorization is posted on Web: 2/29/12

Circle appropriate WRIA:

County:

TRIBE	WRIA
Colville Confederated Tribes	49 50 51 52 53 58 60 61
Yakama Nation	29 30 31 32 33 <u>37</u> 38 39 40
Both Tribes	45 46 47 48

Remarks, Special Instructions, Related Files:

Certified CCs: (Check application signatures)

Stan Isley (Email copy) SA

CCs to anyone else? (Please list cc's & protestants):

If more room is needed, use back of page.

Stan Isley (Email copy)  
YAKAMA NATION

Minimum Flow River List? (Y:\Adm\Rivers)

Name of River \_\_\_\_\_

Add name to the appropriate River Data Source: ☐

Attachments:

- ☒ Your Right to Be Heard  
☐ PTO appeal? No Your Right to Be Heard  
☐ BC, CC, PA forms \_\_\_\_\_  
☒ Water Measurement Requirements & Form 1  
☐ Fish Screening Criteria  
☐ Important Information Sheet (Permits)  
☐ Other: \_\_\_\_\_

7009 2250 0004 4952 1545

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

*Mailed  
2/29/12*

Sent To  
Benton Irrigation Dist / Bob Buoy  
 Street, Apt. No.,  
 or PO Box No. S4-33025  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Benton Irrigation District  
 Bob Buoy, Chiarmen, Board of Directors  
 PO Box 626  
 Benton City WA 99320-0626  
 WR/ss/S4-33025

2. Article Number  
 (Transfer from service label)

7009 2250 0004 4952 1545

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Jerry Johnson*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Jerry Johnson*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes